

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

D. Kendall Taylor, Registered Agent
Pennsylvania Life Insurance Co.
502 E. Notch St.
Andalusia, AL 36420

54 C 05-1222

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kendall Taylor*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kendall Taylor

C. Date of Delivery

1-30-06

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 0860 0002 2871 9600

102595-02-M-1540